S. No. 2
0M—2-43
v. 5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40716

FILED JAN 14 1946

Registration District No. 7 7

Primary Registration District No. 3008

Registrar's No. 390

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Callaway 12
(c) City or town: Fulton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MURRY BROCK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Dec (Month) 10 (Day) 1945 (Year)

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace: Fulton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Glenn R. Brock
13. Birthplace: Ridgeway (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Jean Murry
15. Birthplace: Fulton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Glenn R. Brock
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia Cemetary

18. (a) Signature of funeral director: Wallace Funeral Home
(b) Address: Fulton, Mo.

19. (a) 12-13-1945 (Date received local registrar) (b) Jean Morris Koff (Registrar's signature)

1147 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12, year 1945 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from 12/10, 1945 to 12/12, 1945 that I last saw him alive on 12/12, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Premature Birth Cause (Newborn)	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: None	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

Signature: Henry Arnold (M. D. or other) M. D.
Address: Fulton, Mo. Date signed 12/12/45

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 1-12-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.